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Telecommunications Carriers

AUTHORIZED UTILITY REPRESENTATIVE FORM

	CERT	IFICATED COM	PANY INFORMATI	ON	
Company Name: KDDI America, Inc.			FE		
DBA/FKA:			Telephone # 212-295-1200		
Mailing Address: 5320 Holiday Terrace, Suite4					
City: Kalamazoo		State: MI		ZIP Code: 49009	
ILEC	IXCX	CLEC			Wireless ETC
REGISTERED AGENT INFORMATION					
Registered Agent: B Allston Moore Jr.					
Mailing Address: 5 Exchange S	Street				
City: Charleston		State: SC		ZIP Code: 49401	

As required by Commission rules and regulations
Print or type company contact person and contact information for the areas listed below:

		The second secon	applic granters of the second
	UTILIT	Y REPRESENTATIVE IN	IFORMATION
General Manager		,	
Name: Masatoshi Mobuhara	l		
Address: 7 Teleport Drive	A		
City: Staten Island		State: NY	ZIP Code: 10311
Phone: 212-295-1200	Email: rt@l	kddia.com	Fax: 212-295-1087
Emergency Contact -	Non Office Hou	irs	
Name:			
Phone:	Email:		Fax:
Customer Relations/C	omplaints Rep		
Name: Shin Shinohara			
Address: 33 Whitehall Stree	t, 26th Floor		
City: New York		State: NY	ZIP Code: 10004
Phone: 212-295-1200	Email: p.kua	an@kddia.com	Fax: 212-295-1087
Complaints Rep for Co	mplaint Escala	tion	
Name: Shin Shinohara			
Address: 33 Whitehall Stree	t, 26th Floor		
City: Staten Island	Add Section 1	State: NY	ZIP Code: 10004
Phone: 212-295-1200	Email: p.kua	an@kddia.com	Fax: 212-295-1087
Customer Toll Free Co	ntact Number:		
Engineering Operation	ns		
Name:			
Address:			
City:		State:	ZIP Code:
Phone:	Email:	J	Fax:
Test and Repair			2 207
Name:	Name of the second seco		MAR 21
Address:			MAN OSCSC
City:		State:	ZIP Code: RECEIVE MAR 21 200 PSCSO ZIP Code: Clerks
Phone:	Email:		Fax:

	UTILI	TY REPRESENTATIVE INFORMATI	ON	
Regulatory Officer				
Name & Title: Peter Kuan, Senio	r Manager A	ccounting Department		
Address: 7 Teleport Drive				
City: Staten Island		State: NY	ZIP Code: 10311	
Phone:	Email:		Fax:	
Annual Report Form Mailin	gs			
Name & Title: Amanda Gucich, S	Senior Compl	iance Specialist		
Address: 5320 Holiday Terrace, S	uite 4			
City: Kalamazoo		State: MI	ZIP Code: 49009	
Phone: 269-381-8888	Email: cor	Email: contact@nationwideregulatorycompliance.com Fax: 269-381-4855		
Dual Party Invoice Mailing	s			
Name & Title: Amanda Gucich, S	Senior Comp	liance Specialist		
Address: 5320 Holiday Terrace, S	uite 4			
City: Kalamazoo		State: MI	ZIP Code: 49009	
Phone: 269-381-888	Email: cont	act@nationwideregulatorycompliance.com	Fax: 269-381-4855	
Universal Service Fund Ma	ilings			
Name & Title: Amanda Gucich, S	Senior Compl	iance Specialist		
Address: 5320 Holiday Terrace, S	uite 4			
City: Kalamazoo		State: MI	ZIP Code: 49009	
Phone: 269-381-8888	Email: cont	contact@nationwideregulatorycompliance.com Fax: 269-381-4855		
Gross Receipts Mailings				
Name & Title: Amanda Gucich, S	Senior Compl	iance Specialist		
Address: 5320 Holiday Terrace, Suite 4				
City: Kalamazoo		State: MI	ZIP Code: 49009	
Phone: 269-381-8888	Email: con	tact@nationwideregulatorycompliance.com	Fax: 269-381-4855	
Lifeline Contact				
Name & Title: n/a				
Address:				
City:	State: ZIF		ZIP Code:	
Phone:	Email:		Fax:	

FORM PREPARER INFORMATION			
This form was completed by: Amanda Gucich			
Signature:			
Title: Regulatory Manager	Date: 038/17/2021		

RETURN COMPLETED FORM TO:

Public Service Commission of SC

Docketing Department

101 Executive Center Drive, Suite 100

Columbia, SC 29210

Office of Regulatory Staff

AND Attn. Kari Munn

1401 Main Street, Suite 800

Columbia, SC 29201